



LEAVE APPLICATION FORM

Form No: 7.1

Name of Staff:	Designation:
Nature of leave:	
*Submit reasons:	
Duration of leave applied for (Number of days):	(From: To:
Contact address with Mobile/Phone Number during leave:	
Date:	Applicant's Signature
TO BE FILLED IN BY THE HEAD OF DEPARTMENT (Refer leave balance updated in Google Sheet for casual and earned leave)	
<i>His/her leave balance as of today (Date: / /) is as follows:</i>	
Casual Leave (Max. 10 days in a FY):	
Earned Leave (Max. 30 days in a FY):	
Necessary arrangements have been made during his/her leave of absence. I recommend leave as applied subject to his/her leave in credit (as above)	
Date:	Signature Head of Department
<ul style="list-style-type: none"> - Leave must be applied for and approved at least one day in advance EXCEPT under unusual situation or in case of an emergency. - Leave application must be routed through the Head of Department. - Leave balance must be filled and signed by the Head of Department. 	